

Respondent:

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TO:

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When you conduct this research I need to make sure that the antiglycolytic effect of fluoride is studied not only as part of endocrine disruption but also as the probable cause of disruption in all biological processes.

As you may know Sodium Fluoride is a registered antiglycolytic used by all major laboratories for use in the suspension of glucose in blood, a figure I found from LabCore rated a product effective at 2.5mg of Sodium Fluoride per Liter of blood. As an example I found a common toothpaste by Crest had approximately 27,000mg of fluoride in a single tube of toothpaste and that there is 5,000 mL of blood in an adult. This means that if a person uses a whole tube of toothpaste at once they risk halting all process of blood sugar in the body, continued inappropriate use will ultimately lead to starvation and death.

The major issue I find with this is that it is more likely that children will abuse fluoride products in addition to be over exposed to fluoride from other sources. As the ratio of fluoride to blood rises the amount of glucose that will move glucose to fat by insulin and over exposure continues the occurrence of insulin use to resolve hyperglycemia this gives an immediate explanation for the reason why the rates of diabetes is exponential.

The fact that a substance registered to suspend diabetes in the blood is fed to people purposefully without regard to this effect is extremely dangerous. This information is missing from the drug monograph. All healthcare providers require complete and robust monographs to perform their duties to patients. If they are not given accurate and complete information in relation to the blood glucose suspension effects of metabolic sensitive patients this is a violation of confidence and a gross negligence in treating those patients.

Insulin dependent patients require their diet be modified to reduce insulin use, as the drug is at a limit supply and is very expensive. There is no mention to patient to avoid fluoride which will have a direct effect on how much excess blood sugar will accumulate.

I challenge your team to find these levels. How much excessive blood sugar will insulin need to consume to avoid the negative effects of acute and chronic hyperglycemia.

We need hard data on if there is any meaningful correlation on this antiglycolytic effect so that we can either account for or rule out for safety this major concern to the potential risk to the growing diabetes epidemic. On a secondary scale the accumulation of fluoride in bones gives concern to the impaired immune system as the suspension of glucose in bone cells such as neutrophils and stem cells dramatically increases the disease state of the geriatric patient and may be an immediate cause for skeletal fracture.

Find statistics on diabetes here:

<http://www.americashealthrankings.org/ALL/diabetes>

You are welcomed by the United Health Foundation to use this data to support your research no matter the outcome as the goal that is sought is to help all to live healthier lives.

It is in all our interest to eliminate fluoride as a highly probable cause of major endocrine disruption which suspends the high amount of glucose we consume that otherwise may be eliminated through normal biological processes. It is in all our interest that MD's, DO's and Pharm D's have up to date and accurate monograph information that will help prevent adverse interactions for metabolic and endocrine sensitive patients and the over exposure to fluoride.

I make this request observing alarm at missing monograph information about a known antiglycolytic and that the massive increase of fluoride in agriculture and simultaneous increase in the prevalence of diabetes. These points cause great concern to the nation and its economic security as the costs of healthcare in relation to GDP pose a serious risk as the rise is uncontrolled and has the potential to quite literally break banks.

In conclusion please include the entire chemical profile, known effects and all used processes that contact the human while conducting this research. The antiglycolytic effect must be reviewed in detail in a cross reference to all investigated symptoms.

With Gratitude,

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